TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

TRICARE ENCOUNTER DATA (TED)

Chapter 2 Section 5.5

INSTITUTIONAL EDIT REQUIREMENTS (ELN 400 - 499)

VALIDITY EDITS					
1-400-01V	VALUE MUST BE A VALID ADJUSTMENT/DENIAL REASON CODE (REFER TO CHAPTER 2, ADDENDUM H) OR BLANK.				
	RELATIO	ONAL E	DITS		
1-400-01R	IF AMOUNT ALLOWED (TOTAL) = ZERO				
			6 (EXCLUDING REVENUE CODE 001) MUST REASON CODE (REFER TO FIGURE 2-H-1 OR		
	UNLESS TYPE OF SUBMISSION =	В	ADJUSTMENT OF NON-TED RECORD (HCSR) DATA OR		
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA		
1-400-02R	IF TYPE OF SUBMISSION =	С	COMPLETE CANCELLATION OR		
		D	COMPLETE DENIAL		
			G (EXCLUDING REVENUE CODE 001) MUST REASON CODE (REFER TO FIGURE 2-H-1 OR		
1-400-03R	IF FREQUENCY CODE =	1	ADMIT THRU DISCHARGE		
	AND PRICING RATE CODE =	Н	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR		
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR		
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER		
	THEN NO OCCURRENCE OF ADJUSTMENT/DENIAL	405			
	REASON MAY =	135	CLAIM DENIED. INTERIM BILLS CANNOT BE PROCESSED		
1-400-04R	IF PRICING RATE CODE =	Н	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR		
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR		
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER		
	AND REVENUE CODE = 901, 914 (ORGAN ACQUISITION)	-918, 96	X-98X (PROFESSIONAL SERVICES) OR 81X		

THEN ADJUSTMENT/DENIAL REASON CODE MUST BE A CODE LISTED IN FIGURE 2-H-1 OR FIGURE 2-H-2

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Chapter 2, Section 5.5
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ELEMENT NAME: ADJUSTMENT/DENIAL REASON CODE (1-400) (CONTINUED)					
1-400-05R	IF ANY OCCURRENCE OF ADJUSTMENT/DENIAL REA	ASON			
	CODE =	135	CLAIM DENIED. INTERIM BILLS CANNOT BE PROCESSED		
			MUST BE DENIED (ADJUSTMENT/DENIAL ED IN FIGURE 2-H-1 OR FIGURE 2-H-2).		
1-400-06R	IF ADJUSTMENT/DENIAL F FIGURE 2-H-1.	REASON CODE	IS A DENIAL REASON CODE LISTING IN		

THEN AMOUNT ALLOWED (TOTAL) MUST = ZERO